DYNAMIC SYSTEMS rehabilitation™

To Our Patients Regarding Cancellations and No-Shows

The following are our policies regarding cancellations and no-shows. We take this subject seriously at the clinic because it can make the difference in whether you succeed in your care plan or not. Normally your referring doctor and/or your therapist have prescribed a set frequency of treatment. Arriving as scheduled for these visits is one of your most important responsibilities in achieving your goals in treatment.

- We require 24 hours notice in the event of a cancellation. It is your responsibility, when you call in, to have an alternative time in mind that will ensure you get in the full prescribed number of treatments that week whenever possible. (In some cases, this may not work since some forms of treatment do not work well if given two sequential days.)

- There is a $100 charge for a cancellation without proper notice. This charge will not be covered by insurance, but will have to be paid by you personally.

- Please understand that your pain will probably increase and decrease as your course of treatment progresses and before it is finally eliminated. Either condition can seem to be a reason not to come in: a) you're feeling worse and think the treatment is not working or, b) you're feeling better and it's a great day for a hike. Neither of these conditions is legitimate as a reason not to come: a) if you're in pain, come in and get the pain addressed, b) if you're out of pain, now is the time that we can begin doing some real correction of the underlying causes of your problem, educating you so you won't re-injure yourself, etc.

When you don't show as scheduled, three people lose out: You because you don't get the treatment you need as prescribed; secondly, the therapist who now has a space in their schedule since the time was reserved for only you personally and represents up to a 12% loss in revenue for that day; and finally, another patient on our waiting lists who could have been scheduled for treatment if you had given proper notice.

Please co-operate with us in this regard. We're looking forward to working with you.

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Patient Signature or Guardian if under18 Date

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Interviewer Signature Date

Rev. Nov 09